State of California — Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRAN
744 P Street 744 P Street Secramento, CA 95814

UNITERM HAZARDOUS WASTE MANIFEST

lease orios	nt or type with ELITE type (12 characters per inith).				STATE ID NUMBER 830/92/2					
lease bring	GENERATOR NAME AND MAILING ADDRESS			MANIFEST DOCUMENT NUMBER						
	CANON BUSINESS MACHINES									
	3191 REDHILL AVENUE  COSTA MESA, CA. 92626 (714) 556-4700  AREA CODE/PHONE NUMBER			EPA ID NUMBER						
			200	C!A D  0 7	8   1   4	101016	181	01010	01217	
	TRANSPORTER NO. 1	VEH./		CONTAINERN	o.	EPA	וטא ס	MBER		
	OMEGA CHEMICAL CORPORATION									
	12504 EAST WHITTIER BOULEVARD									
	WHITTIER, CA. 90602 (213) 698-0991			507	C A D 0 4 2 2 4 5 0 0 1					
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY VEH./CONTAINE				and residence of the control of the					
								1000		
				1111						
	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY				EPA ID NUMBER					
	OMEGA CHEMICAL CORPORATION									
TOR	12504 EAST WHITTIER BOULEVARD									
R A	WHITTIER, CA. 90602 (213) 658-0991				C A D 0 4 2 2 4 5 0 0 1					
GENERATOR		UN/NA	A	TOTAL		CONTAINER		WASTE DISP.		
BY G	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS	NUMBE	100	QUANTITY	WT/VCI.	NO.	TYPE	CAT NO	D.IMETH.	
	MORENTE PARE CHI OPTIDE CORPOCTURE L'TOUTD	U  N  1  5	5: 9: 3i	300	c	006	TN F	2111	1,011	
ED	METHYLENE CHLORIDE CORROSIVE LIQUID	1000	122		<b>.</b>		 		74	
FILLED IN									١. ا	
9E F	COMPONENTS					RANGE	. В	UNI %	TS PPM	
5					UPPER	LOWE	•968 e		112 (YAGA	
	METHYLENE CHLORIDE				90	85		8		
	FEITHERS CHORLD									
	FORMIC ACID				15	+ $ 10$	1.29-67	용	- 1000	
	SPECIAL HANDLING INSTRUCTIONS									
	WEAR GOGGLES, GLOVES, AND RESPIRATOR									
	ACIDIC MATERIAL RECIEVED FOR PROCESSING.									
	properly classified described packaged, marked and labeled, and are									
Ç.,	This is to certify that the above-named wastes are properly classified the Department of Transportation in proper condition for transportation according to the applicable requirements of the Department of Transportation  MO. DAY PR.									
	(	7	all	11.	1	.1	29		33	
	Printed or typed full name and signature GEORGE HOFFMANN	Spear CE	2110	man	71 L		0/	K		
<u> </u>	Check if continuation sheet is used. Number of continuation sheets  TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES  DATE MO. DAY YR.									
TO BE FILLED IN BY TRANSPORTER	THANSFURIER I ACKNOWLEDGEMENT OF THESE TO THE TOTAL THE	,	11		EC'D	1	129		2	
P. C. R. S.	Printed or typed and signature Henry Solomon Alvy Solomon Accepted									
FIL	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WAS	TER		1 Table 1 Tabl	EC'D	10.	PAY		111.	
38 ≻ T		V			& CEPTED	1	1			
μ'n	Printed or typed full name and signature DISCREPANCY INDICATION SPACE		Care United States					<u> </u>	j	
_										
FILLED TSDF	2.4									
FIL	Consideration of regulation to hazardous waste cover	ed by this mar	nifest ex	cept as noted	D.A	ATE RECE	IVED	& ACCE	FTED	
in the discrepancy indication space above. Note: TSDF must complete waste EPA ID NUMBER MO.									YR.	
5 =	number. See instructions.  STELLE SIMPSON Later of Share Don CADO42245001 1.1 7.9									
	Printed or typed full name and signature		ليل		<u>i L</u>	/	117	1_4	2/	
ORM NO. D	TSDF SENDS THIS COPY	TO DOHS	WITH	IN 15 DAYS						